Certificate of Need Psychiatric Beds Workgroup

Subcommittee 1: Charge 6

Charge 6:

Consider creative ideas for improving access to child/adolescent psychiatric beds.

Background

- Access to child/adolescent inpatient psychiatric beds has been an ever-increasing problem for many years and has hit a critical stage as demand has increased significantly during the COVID-19 pandemic.
- The State does not have access to patient origin information to include in the methodology which results in a prediction of bed need based on where patients are currently treated, not necessarily where they live with their families. This results in a perpetuation of a lack of beds close to where patients live and the need for patients to continue to travel hours for inpatient treatment.
- Although this is not a problem unique to child/adolescent beds, it does impact pediatric patients uniquely because of the importance of parent involvement in treatment as well as the strain it puts on families with other children, not to mention the ability of the parents to continue working while still being involved in their child's treatment.

Subcommittee #1: Charge 6 Recommendations

Allow existing inpatient acute care hospitals to initiate child/adolescent inpatient psychiatric services with a 10-bed unit if they can demonstrate need by showing a requisite level of pediatric patients appropriate for inpatient psychiatric care were unable to obtain a child/adolescent bed within 60 miles.

How Many Child/Adolescent Patients?

Calculation provided at Appendix A (to be updated every 2 years)

- A 10-bed unit at 40% occupancy (minimum occupancy per project delivery requirements) has an Average Daily Census (ADC) of 4.0.
- 4.0 ADC * 365 days = 1,460 patient days
- Average Length of Stay (ALOS) from 3 most recent CON Annual Surveys is 8.59 days per patient.
- 1,460 patient days/8.59 ALOS = 169.965 = 170 patients

Which Child/Adolescent Patients?

- Child/Adolescent patients coming to the Emergency Room
- Primary diagnosis requiring inpatient psychiatric hospital admission as defined by list of ICD-10 codes provided at Appendix B
- Admitted to psychiatric hospital located more than 60 miles from proposed site; OR
- Not admitted to a psychiatric hospital despite making daily attempts to at least 4 hospitals for at least 72 hours; OR
- Left Against Medical Advice prior to 72 hours.

Which Hospitals Can Commit Patient Data?

- Applicant hospital
- Any other licensed hospital located within 30 miles of the proposed site if the proposed site is located in a metropolitan statistical area county.
- Any other licensed hospital located within 60 miles of the proposed site if the proposed site is located in a rural or micropolitan statistical area county.
- The hospital has not committed patient data to another application under this section for at least 5 years unless the beds approved are no longer in service.
- The hospital does not already have beds under this subsection

Proposed Language: Amend Section 5 by Adding (6)

(6) AN APPLICANT SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH SUBSECTION (1) IF THE APPLICANT DEMONSTRATES IN ITS CON APPLICATION COMPLIANCE WITH ALL OF THE FOLLOWING:

(A) THE NUMBER OF EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC BEDS IN THE PLANNING AREA IS EQUAL TO OR EXCEEDS THE BED NEED;

(B) THE APPLICANT IS AN EXISTING HOSPITAL LICENSED UNDER PART 215 OF THE CODE PROPOSING TO INITIATE CHILD/ADOLESCENT INPATIENT PSYCHIATRIC SERVICES WITH 10 CHILD/ADOLESCENT BEDS;

(C) THERE IS AN UNMET NEED FOR CHILD/ADOLESCENT PSYCHIATRIC BEDS AS DEMONSTRATED BY SUBMISSION OF DOCUMENTATION BY THE APPLICANT SATISFACTORY TO THE DEPARTMENT SHOWING ALL OF THE FOLLOWING:

(I) WITHIN THE PREVIOUS 12 MONTHS, A SUFFICIENT NUMBER OF CHILD/ADOLESCENT PATIENTS, AS DEFINED IN APPENDIX A, WERE TREATED IN THE EMERGENCY DEPARTMENT OF THE APPLICANT HOSPITAL AND/OR ANY OTHER HOSPITAL LOCATED WITHIN 30 MILES OF THE PROPOSED SITE OF THE CHILD/ADOLESCENT PSYCHIATRIC BEDS IF THE PROPOSED SITE IS LOCATED IN A METROPOLITAN STATISTICAL AREA COUNTY, OR WITHIN 90 MILES IF THE PROPOSED SITE IS LOCATED IN A RURAL OR MICROPOLITAN STATISTICAL AREA COUNTY; AND

(II) EACH CHILD/ADOLESCENT PATIENT UNDER SUBSECTION 6(C)(I) HAD A PRIMARY DIAGNOSIS REQUIRING AN INPATIENT PSYCHIATRIC HOSPITAL ADMISSION (AS DEFINED BY THE QUALIFYING ICD-10 DIAGNOSIS CODES IN APPENDIX B) BUT WAS NOT ADMITTED TO AN INPATIENT PSYCHIATRIC BED LOCATED WITHIN 60 MILES OF THE PROPOSED SITE WITHIN 72 HOURS AFTER COMING TO THE EMERGENCY ROOM OF THE HOSPITAL(S) UNDER SUBSECTION 6(C)(I); AND

(III) FOR THOSE PATIENTS NOT ADMITTED TO AN INPATIENT PSYCHIATRIC BED, THE APPLICANT MUST DEMONSTRATE THEY ATTEMPTED PLACEMENT DAILY AT A MINIMUM OF 4 FACILITIES OVER AT LEAST A 72-HOUR PERIOD TO SECURE ADMISSION OF THE PATIENT TO A CHILD/ADOLESCENT PSYCHIATRIC BED OR THE CHILD/ADOLESCENT PATIENT LEFT THE HOSPITAL AGAINST MEDICAL ADVICE BEFORE EXPIRATION OF THE 72-HOUR PERIOD OR ADMISSION TO A CHILD/ADOLESCENT PSYCHIATRIC BED.

(D) ALL HOSPITALS WHOSE CHILD/ADOLESCENT EMERGENCY DEPARTMENT DATA ARE USED UNDER (C) HAVE COMPLETED THE REQUIRED DEPARTMENTAL FORM(S), INCLUDING SIGNATURE BY AN AUTHORIZED REPRESENTATIVE, VERIFYING ALL OF THE FOLLOWING:

(I) THE LICENSED HOSPITAL SITE IS ADMITTING PATIENTS REGULARLY AS OF THE DATE THE APPLICATION IS SUBMITTED TO THE DEPARTMENT;

(II) THE LICENSED HOSPITAL SITE IS LOCATED WITHIN 30 MILES OF THE PROPOSED CHILD/ADOLESCENT INPATIENT PSYCHIATRIC UNIT IF THE PROPOSED SITE IS LOCATED IN A METROPOLITAN STATISTICAL AREA COUNTY, OR WITHIN 90 MILES IF THE PROPOSED SITE IS LOCATED IN A RURAL OR MICROPOLITAN STATISTICAL AREA COUNTY;

(III) THE LICENSED HOSPITAL SITE HAS NOT COMMITTED DATA TO AN APPLICATION FOR BEDS UNDER THIS SUBSECTION WITHIN 5 YEARS OF THE FILING DATE OF THE CON APPLICATION UNLESS THE CHILD/ADOLESCENT PSYCHIATRIC SERVICE APPROVED UNDER THAT APPLICATION IS NO LONGER IN SERVICE;

(E) THE APPLICANT HOSPITAL DOES NOT HAVE LICENSED CHILD/ADOLESCENT BEDS APPROVED UNDER THIS SUBSECTION.

APPENDIX A

(1) UNTIL CHANGED BY THE DEPARTMENT, THE NUMBER OF PATIENTS REQUIRED TO BE DOCUMENTED UNDER SECTION 5(6)(C) SHALL BE 170.

(2) THE DEPARTMENT SHALL AMEND APPENDIX A EVERY TWO YEARS BY REVISING THE NUMBER OF PATIENTS IN SUBSECTION (1) IN ACCORDANCE WITH THE FOLLOWING STEPS:

a. STEPS FOR DETERMINING THE NUMBER OF PATIENTS REQUIRED TO BE DOCUMENTED UNDER SECTION 5(6)(C):

i. MULTIPLY 10 BEDS BY MINIMUM OCCUPANCY FOR CHILD/ADOLESCENT BEDS TO DETERMINE THE AVERAGE DAILY CENSUS

ii. MULTIPLY THE AVERAGE DAILY CENSUS CALCULATED IN (2)(A)(I) BY 365 TO CALCULATE THE PATIENT DAYS IN THAT 12 MONTH PERIOD.

iii. CALCULATE THE AVERAGE LENGTH OF STAY FOR THE PREVIOUS THREE (3) YEARS USING THE THREE (3) MOST RECENTLY AVAILABLE CON ANNUAL SURVEYS BY DIVIDING TOTAL PATIENT DAYS FOR THE THREE (3) YEARS BY TOTAL DISCHARGES FOR THE SAME THREE (3) YEARS.

iv. DIVIDE THE PATIENT DAYS CACULATED IN (2)(A)(II) BY THE AVERAGE LENGTH OF STAY CALCULATED IN (2)(A)(III) TO DETERMINE THE NUMBER OF PATIENTS REQUIRED TO BE COMMITTED UNDER SECTION 5(6)(C)(I).

APPENDIX B

F10.120	Alcohol abuse with intoxication, uncomplicated
F10.129	Alcohol abuse with intoxication, unspecified
F12.10	Cannabis abuse, uncomplicated
F12.90	Cannabis use, unspecified, uncomplicated
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F31	Bipolar disorder
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.1	Major depressive disorder recurrent moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F34.8	Disruptive mood dysregulation disorder
F39	Unspecified mood (affective) disorder
F41.0	Panic disorder (episodic paroxysmal anxiety)
F41.1	Generalized anxiety disorder
F41.8	Other specified anxiety disorders

F41.9	Anxiety disorder, unspecified
F43.1	Post-traumatic stress disorder
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.9	Reaction to severe stress, unspecified
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F50	Eating disorder
F60.9	Personality disorder unspecified
F63.81	Intermittent explosive disorder
F63.9	Impulse disorder, unspecified
F84.0	Autistic disorder
F90	Attention Deficit Hyperactivity Disorder
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders

F91.9	Conduct disorder, unspecified
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Mental disorder, not otherwise specified
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R41.89	Other symptoms and signs involving cognitive functions and awareness
R44.0	Auditory hallucinations
R45.1	Restlessness and agitation
R45.4	Irritability and anger
R45.6	Violent behavior
R45.850	Homicidal ideations
R45.851	Suicidal ideations
R45.89	Other symptoms and signs involving emotional state
R46.89	Other symptoms and signs involving appearance and behavior
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T43.012D	Poisoning by tricyclic antidepressants, intentional self-harm, subsequent encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter

Psychiatric Beds Workgroup

Charge 6 Proposed Language

Amend Section 5. Requirements for approval to initiate service to read as follows:

Sec. 5. An applicant proposing the initiation of an adult or child/adolescent psychiatric service shall demonstrate or provide the following:

(1) The number of beds proposed in the CON application shall not result in the number of existing adult or child/adolescent psychiatric beds, as applicable, in the planning area exceeding the bed need. However, an applicant may request and be approved for up to a maximum of 10 beds if, when the total number of existing adult beds or existing child/adolescent beds is subtracted from the bed need for the planning area, the difference is equal to or more than 1 or less than 10.

(2) A written recommendation, from the Department or the CMH that serves the county in which the proposed beds or service will be located, shall include an agreement to enter into a contract to meet the needs of the public patient. At a minimum, the letter of agreement shall specify the number of beds to be allocated to the public patient and the applicant's intention to serve patients with an involuntary commitment status.

(3) The number of beds proposed in the CON application to be allocated for use by public patients shall not be less than 50% of the beds proposed in the CON application. Applications proposed in direct response to a Department plan pursuant to subsection (5) shall allocate not less than 80% of the beds proposed in the CON application.

(4) The minimum number of beds in a psychiatric unit shall be at least 10 beds. If a psychiatric unit has or proposes to operate both adult and child/adolescent beds, each unit shall have a minimum of 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant demonstrates to the satisfaction of the Department, that travel time to existing units would significantly limit access to care.

(5) An applicant shall not be required to be in compliance with subsection (1) if the applicant demonstrates that the application meets both of the following:

(a) The Director of the Department determines that an exception to subsection (1) should be made and certifies in writing that the proposed project is a direct response to a Department plan for reducing the use of public institutions for acute mental health care through the closure of a state-owned psychiatric hospital; and

(b) The proposed beds will be located in the area currently served by the public institution that will be closed, as determined by the Department.

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